# WashingtonState Telehealth Collaborative

# Meeting Minutes

**Tuesday, July 14, 2020 | 9:30 - 11:30 am**
Virtual Zoom Only Meeting

| Member attendance | | | | | |
|---|---|---|---|---|---|
| Sen. Randi Becker | N | Kathleen Daman | Y | Dr. Ricardo Jimenez | Y |
| Sen. Annette Cleveland | N | Dr. Josh Frank | Y | Dr. Geoff Jones | N |
| Rep. Marcus Riccelli | Y | Joelle Fathi | Y | Dr. Catherine (Ryan) Keay | N |
| Rep. Joe Schmick | N | Chad Gabelein | Y | Scott Kennedy | Y |
| Dr. John Scott | Y | Dr. Frances Gough | Y | Mark Lo | Y |
| Dr. Chris Cable | N | Sheila Green-Shook | Y | Denny Lordan | Y |
| Jae Coleman | Y | Emily Stinson | N | Adam Romney | Y |
| Stephanie Cowen | Y | Sheryl Huchala | Y | Cara Towle | Y |
| | | | | Lori Wakashige | Y |

<u>Non-Member Presenters:</u> Matt McCullough (NRTRC), Darcie Johnson (Premera), Debbie Carlson (DOH), Nicole LaGrone (UW Medicine)

<u>Public attendees:</u> Andrea Davis (Coordinated Care),  Billie Dickinson (WSMA), Chelsea Affleck (Community Health Plan of WA), Deborah Smith (unknown), Dylan Watters (unknown), Erica Koscher (WA State), Erin Christianson (Kaiser Permanente), Gayle Rundstrom (NMSS),  Hugh Ewart (Seattle Children's Hospital),  Jaleen Johnson (NRTRC), Jim Vollendroff (BHI/UWM), Jodi Kunkel (HCA), Kai Neander (Providence), Lia Carpeneti (Community Health Plan of Washington), Leslie Emerick (Independent Lobbyist), Lynn Kovacevich-Renne (WA Podiatric Medical Association), Madeline Grant (UWM), Marisol Sanchez (unknown),  Mary Kaempsey (L&I), Melissa Kundur (WA Gov), Michelle Martinez (WSHCA), MJ Luby (UWM), Molly Shumway (UWM), Nancy Lawton (ARNPs United), Sara Stewart (Melanie Stewart and Associates), Sean Graham (WSMA), Shana Johnny (unknown), Shannon Thompson (WMHCA), Shirley Prasad (WSHA), Sophie Doumit (WSDA), Stephanie Shusan (CHPW), Tammi Parreault (DoD), Tammy Arndt (NW Telehealth)

Meeting began at 9:30 am

# WashingtonState TelehealthCollaborative

## Welcome and Attendance
John Scott [0:00]

## Review of Meeting Minutes May 2020
All [6:12]

Dr. Scott (Chair) reviews minutes. Dr. Scott Kennedy (Olympia Medical Center) motions to approve minutes. Seconded by Dr. Jimenez (SeaMar). Unanimously approved.

Action Items:
- Ms. LaGrone (Collaborative Program Manager) to post approved May notes on Website

## Policy Update
Rep. Marcus Riccelli, Nicole LaGrone (WA TH Collaborative) [9:26]

Ms. LaGrone highlights potential areas of interest for the upcoming legislative session as well as a federal act to be introduced. Rep. Riccelli gives context on broadband access and clarifies there won't be a special session in August.

- **Broadband Access** – **not a silo-ed health issue, collaboration needed with other interest groups**.
  - Broadband efforts have been focused on "last mile" in rural areas, but there is need in urban areas as well.
  - Rep. Mia Gregerson (D-WA33) leading effort for education impact.
  - Rep. Riccelli thinks we need heavy investment, looking into adding broadband infrastructure to a transportation package and capital budget investments.
- **Covid-19 Relaxations made permanent** – particularly those that affect mental health care access.
- **Reminder: Collaborative tasked with researching store and forward technology** – utilization and whether it should be paid at parity.
  - Collaborative Chair proposes we study remote monitoring as well.
- **Federal Bill: The Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act**
  - Would create a temporary uniform licensing standard for all practitioners or professionals (those who treat both physical and mental health conditions) in all states for in-person or telehealth visits during a national emergency
  - Precedent with VA and Dept of Defense health systems – only 1 state license required to practice at any federal hospital.
  - Currently in draft form, not formally introduced yet.

  Action Items:

- Rep. Ricelli offers to invite Mia Gregerson and other legislators (Zach Hudgins) leading the broadband effort to future collaborative call.
- Collaborative to reach out to office of Broadband with Rep. Riccelli's introduction – Lisa Brown or new broadband director
- Collaborative to study utilization and payment parity for store and forward and remote patient monitoring technology. (Additional Action items pending)

## NRTRC Resources and Updates
Matt McCullough, Principal Investigator, Northwest Regional Telehealth Resource Center [21:22]

Mr. McCullough presents summary of NRTRC, updates on Covid-19 response and resources.

NRTRC Summary
- One of 12 national Telehealth Resource Centers across the country.
- Recently received funds from CARES ACT to help states in region with tech assistance, training in network of states.
- Highlighted Resources: Getting Started Guide, Conference Session Recordings,
- Working on Telehealth 101 CME program aimed at different facilities (CAH, FQHCs etc.) and different license levels.
- New site launching soon featuring a page for each state in the region.

Questions and Discussion
- Is there a listserv for updates? Yes, visit NRTRC site – sign up for email in upper right hand corner.

Action Items
- Mr. McCullough offered to partner with telehealth training. Program Manager and Chair will follow up.

## Quality Improvement and Assurance in Telehealth
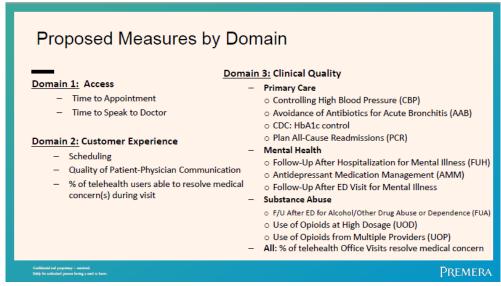Darcie Johnson, Director of Quality, Premera [41:53]
Ms. Johnson give an overview of quality measurement in telehealth programs at Premera and how they identified their measures.
Presentation Summary:
- Prior to Covid-19 smaller utilization by patients and benefit mostly in overcoming geographical barriers. There was a significant increase in utilization in March, telehealth most commonly used

for office visits and outpatient psychiatric visits. After Covid-19, anticipate demand will remain higher than before as patients are more comfortable and can be helpful for management of chronic conditions.

- Process to identify measures:
  - Considerations: Virtual vs. in person care, limitations or exclusions for telehealth, aspects of telehealth that include HEDIS measures, access points etc.
  - Reviewed available Data sources – HEDIS: 90% of HEDIS measures allow for a telehealth modality. Claims Data - % of telehealth users able to completely resolve medical concern(s) during visits, Customer Experience/Survey Data – added questions to internal surveys, also used outside survey vendors.
  - Developed framework aligned with NQF: 1) Access 2) Customer Experience 3) Clinical Quality. Taking into account different telehealth services may not have appropriate measures in all three categories. Laid out different types of members – from no telehealth use to only telehealth use.
  - Revisit measures with previous considerations – Recommended measures and when to attribute to telehealth provider. Asked are measures actionable? Data reliable? Timeline for improvement?
- Premera Proposed Telehealth Quality Improvement Measure by Domain



- Next steps – review updates to 40 HEDIS Measures announced by NCQA on July 1, looking to add more measures for specialties, and how to capture members choosing telehealth over in-person care option.

Question and Discussion:

- Chair asks Collaborative Members that have formal Telehealth QI program if there are other areas or measures not captured in Premera's plan.

- o Providence – tracking number of in patient vs. telephone vs. video. Video visits have increased significantly. Also capturing reimbursement data, provider adoption uptake, and using Press Ganey survey for patient experience.
  - o Seattle Children's – Tracking operational metrics, Family Experience Survey scores telehealth vs. other for patient experience, and technological issues. Trying to incorporate clinical quality metric – a lot of quality domains similar to Premera.
  - o UWM – Passive program – anyone can report quality issues. Active program – conducting random chart reviews across specialties looking at consent, proper billing documentation, and if telemedicine was appropriate.  Provider surveys revealed some health equity issues.
  - o Legacy – also uses Press Ganey surveys.
  - o Cambia – Not as far along as Premera, doing vendor based telehealth for 6+ years but problem with patients taking surveys only when visit was unsatisfactory. Often time patient unsatisfied because their providers were follow antibacterial stewardship guidelines.
- Comment: NRTRC developing education and training tools focused on quality improvement. Open to collaboration with Collaborative members.

Action Items:
- National Quality Forum guidance on telehealth: https://www.qualityforum.org/ProjectDescription.aspx?projectID=83231
- Any members interested in helping NRTRC develop training tools for QI in Telehealth please contact Matt McCullough.


## SB 6061 Training Bill – Preparing for Implementation
Denny Lordan, Providence, & All Members [1:54:31]

Summary:
- **Bill Objective**: Ensure health care professional offering telemedicine complete appropriate training. Telehealth is extremely complicated, this bill is an effort to help inform and protect both providers and patients.
- **Requirements:** Health care professionals must take training, either internal or that developed by collaborative. Training must include Q&A portion and maintain attestation of completion.
- **Who is impacted:** Any license, certified, or registered health care professional. Unclear whether scope is limited to billing professionals or not. Could potentially impact tele-presenters as well. Also need to consider providers seeing patients who are outside WA state.
- **Goes into effect:** Jan 1, 2021

- Statement from Sen. Becker to clarify original purpose and scope of bill: *This bill was intended for anyone providing telemedicine services to get the training they need to confidently utilize this service. Educating medical professionals on the billing aspect and providing protections from unseen liabilities, fraud or other obstacles being used in telehealth services. It would also ensure that they were current on any rules and regulations. It is important to provide this training regardless of their size or type of profession.*

Questions and Discussion:

Who is included in training Bill?
- Physical and Occupation Therapists are included in bill.
- Those who are offering ancillary support to providers could be impacted by this bill. Several members alarmed at this interpretation and would not support it as it has larger implications for workflow. Members agree this particular issue need clarification – Collaborative to pose question to DOH Nursing Commission on whether those supporting telehealth care but not directing it need be impacted.
- Are there any specific requirements for how often or number of hours for training? No.

Updating the Training
- Chair to members – does the training need updating? Mr. Lordan (Providence) reviewed it recently and it's current with the exception of reimbursement. Ms. Fathi (UW) there are other platforms that may be more user friendly, and if we update one section will have inconsistency with voice over.
- Options for other modalities? Could load it on Learning Management System – like Storyline 360 you can embed pre/post questions. Need something sustainable and easily accessible. Depends too on whether a certification of completion is needed.
- Potential Content Updates – domestic violence hand signal, best practices for telemedicine with children, call back numbers, suicidal patient protocols, etc.
- Suggestion to survey providers about what they had wish they had known when they started offering telemedicine. Comment from Chair: At UW biggest gaps were with health equity and crossing the digital divide.

Communicating New Requirements Across the State
- Chair and other propose working with WSMA, WSNA, PTOT, Pharmacy organizations, Rural Primary Care association, DOH (certification bodies fall under them), Govdeal listserv, HCA etc.

Enforcement and Access
- Who is tracking this? Not a proactive process, similar to suicide training requirements. Problem if you have an issue come up related to telemedicine and you hadn't completed the training. DOH

Nursing Commission (*Ms. Carlson*) does not ask for proof of licensing requirements and would not ask about telemedicine specifically.

- Current collaborative training that meets bill requirements is behind $25 paywall, how can we make it more accessible? $25 fee is to cover access costs per person for the learning platform. However, that version of the training counts as an hour of CME and $25 is a standard price.
- Members agree having multiple training options is the best way forward. Collaborative will work with BHI, NRTRC and explore other trainings such as RELIAS to give Washington state health providers options.

**Action Items:**

- Collaborative to seek additional clarification on whether ancillary care support is included in the bill as written. Ms. Daman to write clarification of roles and submit question to Ms. Carlson at the DOH of Nursing Commission.
- Group to meet and review slides ahead of time.
- Review slides for next meeting
- Develop and send out survey for listserv and providers on what they wished they had known about telehealth. Maybe could send link to NRTRC.
- Create communications list of organizations to contact
- Chair to meet with BHI on behavioral health trainings.
- Create guidelines with key elements
- Create FAQ on the bill
- Explore alternative training options and platforms to overcome paywall such as federally funded NRTRC, RELIAS etc.
- Confirm with Sen. Becker and Adam Romney that one time training is acceptable.

# Public Comment Period
All [1:51:22]

- Question: Are NRTRC trainings, such as the 10 hour course, freely available?
  - TBD. Collaborative will confirm with Mr. McCullough.
- Next meeting topics: Health Equity and Inclusion.

Meeting adjourned at 11:25 am

Next meeting: September 15, 2020. 10 am – 12 pm.
In person or virtual to be decided.